

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>8/973363</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	/		/				53						
4							54						
5		(1)		/			55						
6	/		/				56						
7		/		/			57						
8	/		/				58						
9	/		/				59						
10		2		/			60						
11		(1)		/			61						
12		(1)		/			62						
13		(1)		/			63						
14	/		/				64						
15		(1)		/			65						
16		(1)		/			66						
17		(1)		/			67						
18		(1)		/			68						
19	/		/				69						
20		/		/			70						
21	/		/				71						
22		(1)		/			72						
23		(1)		/			73						
24		(1)		/			74						
25		(1)		/			75						
26		(1)		/			76						
27		(1)		/			77						
28		(1)		/			78						
29		(1)		/			79						
30		(1)		/			80						
31		(1)		/			81						
32		(1)		/			82						
33		(1)		/			83						
34		(1)		/			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		9		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS			33				TOTAL CLAIMS						